

User & Carer involvement in nursing education: Moving forward step by step



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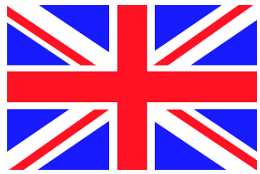


Overview

- **Welcome & introduction**
- **Background: our journey to growing involvement** of users & carers in nurse education
 - Our journey as part of a bigger story (Belgium health care & patient involvement)
 - Our journey: moving forward step by step
- **Our journey critical revisited in dialogue with the audience**
- **Take home messages**

Welcome & Introduction

University college VIVES Campus Roeselare



Brussels



Overview

- Welcome & introduction
- **Background: our journey to growing involvement of users & carers in nurse education**

Our journey as part of a bigger story (MH care in Belgium evolving in the direction of more involvement)

Before 2007:

- **Mental illness & Belgium society:** still badly understood & associated with stigma (e.g. suicide rates in Belgium and in Flanders are high (7/day)) (Portsky & Van Heeringen, 2011)
- Despite international literature that is emphasizing the value of participatory approaches, in Belgian mental health care, **patient involvement is scarcely out of the egg** (Tambuyzer & Van Audenhove, 2011).
- Mental health consumer movement in Belgium: **mainly inner orientated** (Leys et al, 2007)
- **No training or education for mental health service users**, who want to become a certified expert by experience

Our journey as part of a bigger story (MH care in Belgium evolving in the direction of more involvement)

- **Positive change in 2007**, when the Belgian Federal Government initiated experimental care networks for persons with complex and chronic mental health problems. These networks aimed at providing:
 - Needs-based care
 - Promoting rehabilitation in society
 - Ensuring continuity of care→ Start of a shift of a MH care mainly delivered in residential facilities to a more community care
- **In 2011 a large-scale reform process** in mental health care was launched in Belgium
 - Main focus: Deinstitutionalization and integration of care
 - Within the constraints of a general policy programme, the sector was allowed to configure, in a bottom-up manner, interorganisational networks within a chosen geographical area.

Our journey as part of a bigger story (MH care in Belgium evolving in the direction of more involvement)

From 2012 till now:

- Patient involvement increasingly becomes an **important issue** in health care:
 - MH care takes the lead in patient involvement; eg. experts by experience work together with professionals in ACT-teams
 - Growing interest in implementing recovery-orientated mental health care
- Consumer movements 're increasingly recognised as **equal partners**
- **Start up of a training program for experts by experience in MH care** (our university college was also one of the co-founders of this program)

Our story as a tale



Our story as a tale



Internet Explorer window showing a PubMed search result for the article: "Involvement of inpatient mental health clients in the practical training and assessment of mental health nursing students: Can it benefit clients and students?" by Debysen B, Grypdonck MH, Defloor T, Verhaeghe ST. Published in Nurse Educ Today, 2010 Sep 3. [Epub ahead of print].

Abstract
Even though the central position of the client has been recognized in psychiatric nursing education, the client is seldom formally involved in the feedback provided to students during practical training. This research paper focuses on three questions: (1) What conditions support the gathering of meaningful client feedback to enhance the student's learning process and client's wellbeing? (2) Does the use of the practical model for client feedback lead to positive experiences, and if so, under what conditions? (3) To what extent is a client's feedback on the student's work performance, consistent with feedback from the mentor (nurse from the ward), the teacher and the student? Based on a literature review, participatory observation and contacts with experts, a practical model was developed to elicit client feedback. Using this model in two psychiatric inpatient services, clients were actively and formally involved in providing feedback to four, final year psychiatric nursing students. Clients, nurses, teachers and students were interviewed and data were analysed using a qualitative explorative research approach. Analyses revealed that client feedback becomes meaningful in a safe environment created by the psychiatric nurse. Client feedback generates a learning effect for the student and supports the student's recognition of the value and vulnerability of the psychiatric client.

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PMID: 20822835 [PubMed - as supplied by publisher]
LinkOut - more resources

Related citations:
Feasibility and outcomes of paid undergraduate student nurse position [Nurs Leadersh (Tor Ont). 2006]
Culturally competent psychiatric nursing care. [J Psychiatr Ment Health Nurs. 2010]
User involvement in mental health branch education: client review presentations. [Nurse Educ Today. 2001]
Review The client as educator: learning about mental illness through the eyes of [Nurse Educ Today. 2003]
Review Systematic reviews of the effectiveness of day care for people wit [Health Technol Assess. 2001]

Recent activity:
Involvement of inpatient mental health clients in the practical training and ass... PubMed
debyser (157)

Starting point: own research (patient involvement in assessment of MH nursing students)

Inspiring conference 'authenticity to action', 2007 (Grange over Sands, Cumbria):
Being inspired to move on forward to implement user & carer involvement
in higher education & health care



Being challenged to move on forward



Being challenged to move on forward: tackling some roadblocks

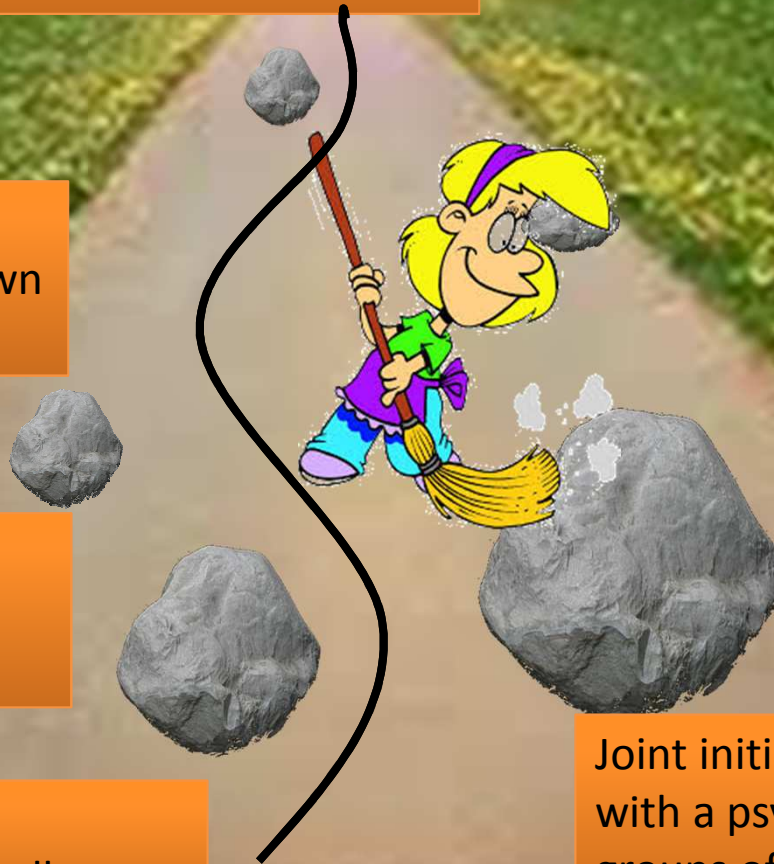
Start up of a mixed group
of staff, experts by experience to
Implement new ways of user & carer involvement

Research in collaboration
with University Ghent & own
research

Development of a training
program for experts by
experience

Support & commitment of
the board of the university college

Joint initiative in collaboration
with a psychiatric hospital to set up
groups of experts by experience

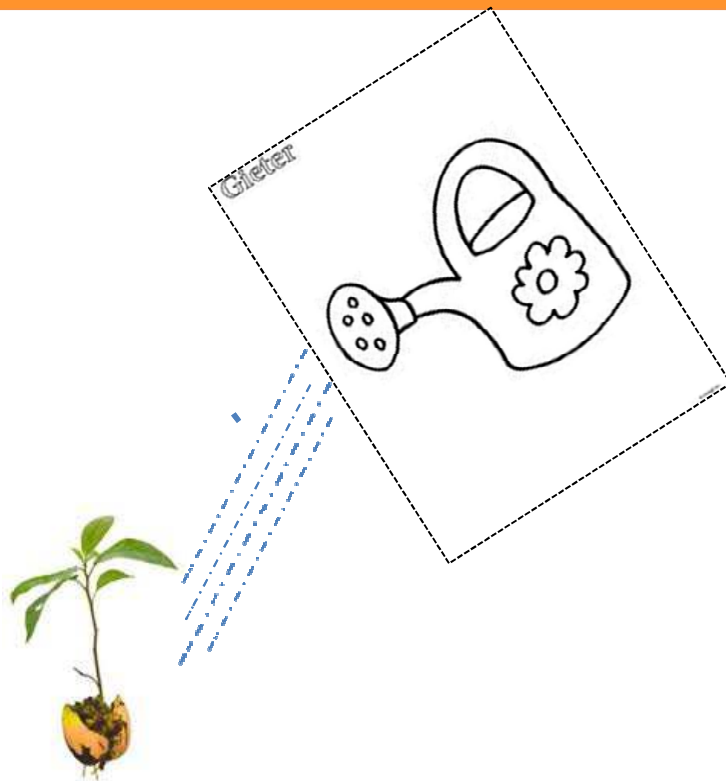


Our story: a story of breaking through the walls
by **establishing partnerships** between
professionals, users & carers

katholieke hogeschool
associatie KU Leuven



Joint initiative in
collaboration with a
psychiatric hospital to set
up groups of experts by
experience



Recovery-group

PIT-group

(participation in
therapy;
participation in
training)



BOE-group

(Discovering own
potential for
meaningful
involvement)

P4P-goep

(Peer 4 Peer-group)



Start up of a mixed group
of staff, experts by experience to
Implement new ways of user & carer involvement



Start up of a mixed group
of staff, experts by experience to
Implement new ways of user & carer involvement



Development of a training program for experts by experience

Major characteristics of the program:

- Bottom-up co-design professionals & service users of the training program
- No costs or entrance fees for the involved participants of the training program
- Facilitated by two experts by experience whom 're always present during the training sessions
- Focus on practical knowledge

Development of a training program for experts by experience

[illegible]

Time-line



Research



Projects

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- Welcome & introduction
- Background: our journey to growing involvement of users & carers in nurse education
- **Our journey critical revisited in dialogue with the audience**

Overview

- **Our journey critical revisted in dialogue with the audience**



Our story: critical revisited?

STRENGTHS

- ▶ Collaborative work that already has been done (e.g. recovery story)
- ▶ Strong partnerships (joint initiatives with the psychiatric hospital; training program experts by experience)
- ▶ Involvement of patients of the very beginning of the process until the evaluation
- ▶ Increasing interested of teachers and linked staff whom become interested in user & carer involvement



Our story: critical revisited?



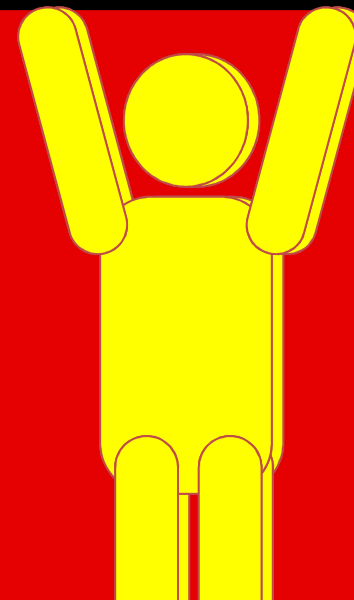
*Other glasses won't give
us a new look on the matter, but
an expert by experience might?*



Video

Informed consent
Receiving handwritten feedback from student
Etc.

STRENGTHS



Co-teaching in lessons
MH nursing

.....



Speeddate with
young people in recovery

Sitting in the chair of Chris as nurse student & learn
how to do things like opening a fridge, opening a door,
etc.

SWOT Analysis?

OPPORTUNITIES



Working towards a heterogeneity of ways of meaningful involvement, but we still have to go a long way



The growth of the groups (PIT, recovery group, P4P, BOE) has a direct + impact on the way how education is given in higher education by experts by experience (e.g. educational background on expert by experience (e.g. WRAP-training) as a way to become more skilled as expert by experience)

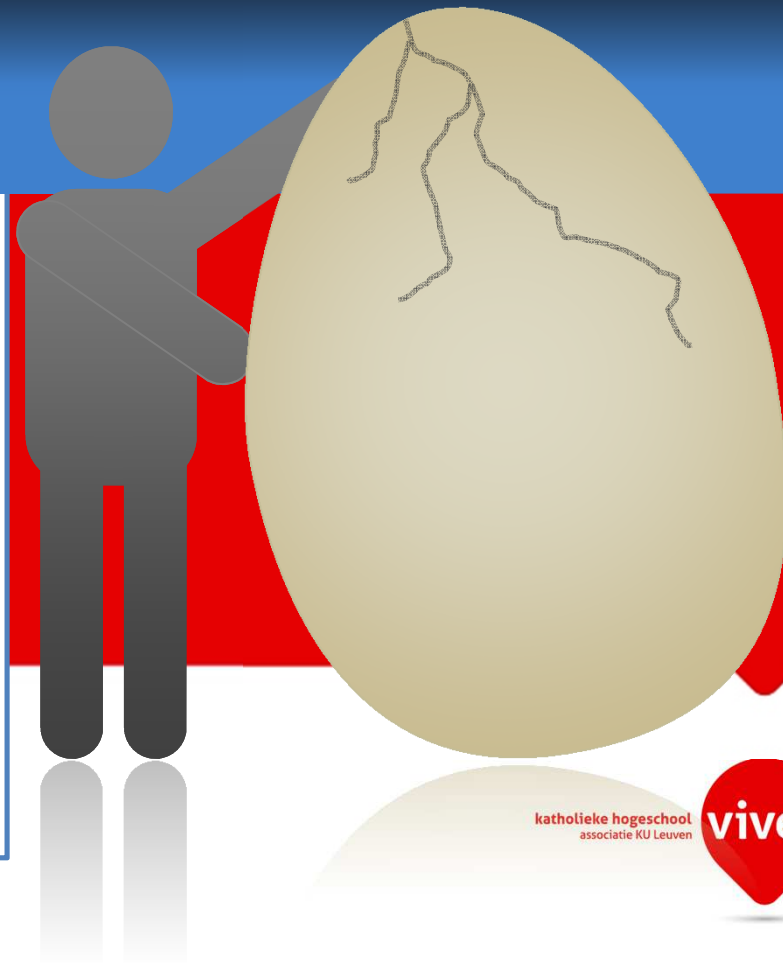


SWOT Analysis?

WEAKNESSES

- ▶ Overall framework that focus solely on expert knowledge
- ▶ No paid experts by experiences, No development worker in any branche of higher education
- ▶ Still too much one off events
- ▶ No or very limited involvement in research, curriculum design, practical training, skills-training

No



SWOT Analysis

THREATS



Financial & time constraints can be a major barrier to take further steps



Discussion

- **How to overcome the experienced barriers?**
- **What works for you? What doesn't work?**
- **Your strengths? Your opportunities? Your weaknesses? Your threats?**

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*‘If you talked with us as much as you talk about us,
we would be much better off receiving care’.*

Quote of a patient, in ‘Stringer et al (2008), p. 678.